



Town of Spencer Street Department
90 N West Street
Spencer, Indiana 47460
Phone (812) 829-3213

Permit No.

APPLICATION FOR EXCAVATION PERMIT

| I. APPLICANT INFORMATION | | |
|--------------------------------|---------|-------------------------------|
| Name: | | Phone No.: |
| Address: | | |
| City: | State: | Zip: |
| II. CONTRACTOR INFORMATION | | |
| Name: | | Phone No.: |
| Address: | | |
| City: | State: | Zip: |
| License No.: | | Expiration Date: |
| III. EXCAVATION INFORMATION: | | |
| Nature and Type of Excavation: | | |
| Location of Excavation: | | |
| Reason for Excavation: | | |
| Type of Present Surface: | | |
| Type of Proposed Resurfacing: | | |
| Type of Backfill to be used: | | |
| Width: | Length: | Depth: |
| Excavation Start Date: | | Proposed Excavation End Date: |
| Deposit Amount: | | Amount of Indemnity Bond: |
| \$ | | \$ |

Name of Bonding Company and Local Agent:

Permit No.

I hereby agree that all statements heretofore made are made on my personal knowledge and are true. I further agree to abide by and comply with all ordinances, laws and regulations of the Town of Spencer and the State of Indiana relating to the excavation for which this application is made.

Signature:

Date:

Printed Name:

Title (if applicable)

Office Use Only

Permit Fee =\$ _____

Paid by ☐ Cash ☐ Check No. _____ Receipt No. _____